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## FACSIMILE TRANSMITTAL SHEET

Total number of pages including cover letter: 17To: **Mr. Raymond W. Addie**  
**US Patent Office**Date: **June 2, 2003**Facsimile No.: (703) <sup>872 9327</sup>~~305-8623~~

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From: **Laurence B. Bond**Your Reference: **09/971,975**Client/matter number: **1916-5096US**Message/Comments: **Response to Office Action Mailed January 2, 2003**

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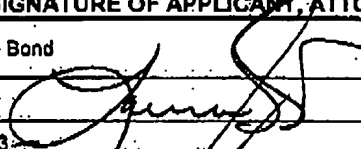
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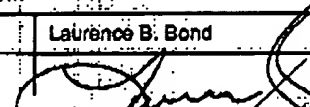
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/971,975
	Filing Date	October 4, 2001
	First Named Inventor	Tholen et al.
	Group Art Unit	3644
	Examiner Name	Raymond W. Addie
	Attorney Docket Number	1916-5096US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Postcard receipt acknowledgment (attached to the front of this transmittal) <input checked="" type="checkbox"/> Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16 <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Response to Restriction Requirement/Election of Species Requirement dated <input checked="" type="checkbox"/> Amendment in response to office action dated January 2, 2003 <input type="checkbox"/> Amendment under 37 C.F.R. § 1.116 in response to final office action dated <input type="checkbox"/> Additional claims fee:- Check No. in the amount of \$ <input type="checkbox"/> Letter to Chief Draftsman and copy of FIGS. with changes made in red <input type="checkbox"/> Transmittal of Formal Drawings <input type="checkbox"/> Formal Drawings ( sheets)	<input type="checkbox"/> Information Disclosure Statement, PTO/SB/08A (08-00); <input type="checkbox"/> copy of cited references <input type="checkbox"/> Supplemental Information Disclosure Statement; PTO/SB/08A (08-00); copy of cited references and Check No. in the amount of \$180.00 <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> Petition for Extension of Time and Check No. in the amount of \$ <input type="checkbox"/> Petition <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
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I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents (Fax No. (703) 305-8833) on the date shown below.			
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